

# Statement of Organization Recipient Committee

Statement Type

☐ Initial

Not yet qualified ☐ or

☒ Amendment

List I.D. number:

# 1371842

☐ Termination - See Part 5

List I.D. number:

# \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified as committee

10/10/14  
Date qualified as committee  
(If applicable)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Termination

Date Stamp

COLERK 140015PM 10/14

CALIFORNIA  
FORM

410

For Official Use Only

## 1. Committee Information

NAME OF COMMITTEE

GUILLEN FOR COUNCIL 2015

STREET ADDRESS (NO P.O. BOX)

2713 N. KEYSTONE ST

CITY

STATE

ZIP CODE

AREA CODE/PHONE

BURBANK

CA 91504

(818)558-3540

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

818)557-2220

1GUILLEN@SBCGLOBAL.NET

COUNTY OF DOMICILE

JURISDICTION WHERE COMMITTEE IS ACTIVE

## 2. Treasurer and Other Principal Officers

NAME OF TREASURER

JUAN J. GUILLEN JR.

STREET ADDRESS (NO P.O. BOX)

2713 N. KEYSTONE ST

CITY

STATE

ZIP CODE

AREA CODE/PHONE

BURBANK

CA 91504

(818)632-3990

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

## 3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 09/14/2014 By \_\_\_\_\_

Executed on 10/15/14 By \_\_\_\_\_

Executed on \_\_\_\_\_ By \_\_\_\_\_

Executed on \_\_\_\_\_ By \_\_\_\_\_

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

ASURE PROPONENT

Statement of Organization  
Recipient Committee

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

GUILLEN FOR COUNCIL 2015

I.D. NUMBER

1371842

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
UME Federal Credit Union	818)238-2900	49547
ADDRESS	CITY	STATE ZIP CODE
3000 W. Magnolia Bl.	Burbank	CA 91505

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
JUAN J. GUILLEN JR.	BURBANK CITY COUNCIL	2015	<input checked="" type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>